

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07336

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Helen, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 months  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's  
 City or town Mechanicville, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Theodore Bowles

## 3. (b) Social Security Number

4. Sex M. 5. Color or race White 6.(a) Single, married, widowed, or divorced Deceased  
 6.(b) Name of husband or wife Lena Mary Bowles  
 6.(c) If alive, give age 44 years  
 7. Birth date of deceased (mo., day, yr.) April 27-1868  
 8. AGE: Years 79 Months 3 Days 13 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace St. Mary's Co. Md  
 (Town, county and state)  
 10. Usual occupation Carpenter  
 11. Industry or business \_\_\_\_\_  
 12. Name Washington Bowles  
 13. Birthplace St. Mary's Co. Md.  
 14. Maiden name Lazara Thompson  
 15. Birthplace Md.

16. Informant Philip T. Bowles  
 Address Prince Frederick, Md.  
 17. Burial Date thereof 8-11-47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory St. Josephs  
Maryland, Md  
 Location \_\_\_\_\_  
 18. Funeral director W.C. Maltby Sons  
 Address Leonardtown, Md  
 19. 8/11 19 47 Dr. Frank Camille  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9-47 19 47 at 4 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 19 47 to Aug 9 19 47  
 and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_  
 Immediate cause of death \_\_\_\_\_

DURATION  
Dead on arrival  
 Due to Central Hemorrhage - ?  
 Due to \_\_\_\_\_  
 Other conditions Arteriosclerosis -  
Hypertension 5-6 yrs  
 (Include pregnancy within 3 months of death)  
 Major findings of operations none  
 \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Alphonsus C. Welch M.D.  
Chaptice Md M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 8/9/47

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

07337

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Rural Piney Point  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 hrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Rural Piney Point  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Samuel Briscoe

## 3. (b) Social Security Number

4. Sex Male5. Color or race Black6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 8-10-478. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hrs. \_\_\_\_\_ min.9. Birthplace Piney Point  
(Town, county, and state)10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Samuel Morgan13. Birthplace Drayden, Md.14. Maiden name Margaretta Briscoe15. Birthplace Piney Point, Md.16. Informant Catherine DickensAddress Piney Point Md.17. Burial Date thereof 8-12-47  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. MarksLocation Valley Lee, Md.18. Funeral director Virgill DickensAddress Piney Point Md.19. 8-11-47 pg Briscoe, M.D.  
(Date rec'd by registrar) (month) (day) (year) Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1947, at 7 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10, 1947, to Aug 10, 1947and that I last saw him alive on Aug 10, 1947Immediate cause of death Premature BirthDURATION 6 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE pg Briscoe, M.D.  
M.D. or other \_\_\_\_\_Address Great Mills, Md. Date signed 8-11-47

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

07338

282

## 1. PLACE OF DEATH

County St Marys  
 City or town Leonardtown Md R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Leonardtown Md R. F. D. #1  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys  
 City or town Leonardtown R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Elizabeth Brooks

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Color 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Francis Brooks

7. Birth date of deceased (mo., day, yr.) May 15 1872 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 75 Months 3 Days 3 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Beavertown St Marys Maryland  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Thomas Henry Barnes

13. Birthplace St Marys Co

14. Maiden name Mary Smith

15. Birthplace St Marys Co

16. Informant Etell Brook Young

Address Leonardtown Md R. F. D. #1

17. Burial Date thereof Aug 20 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Queen Lacks Chapel

Location near Leonardtown Md

18. Funeral director W. C. Mattingly Son

Address Leonardtown Md

19. 8/28 19 47 Dr. Frank Cavalier  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 19 47 at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 43, to Aug 19 47

and that I last saw her alive on July 10 19 47

Immediate cause of death \_\_\_\_\_

Generalized Atherosclerosis

and art. heart disease with

Auricular Fibrillation

Postoperative Melanoma

Pancreas

Other conditions Senile Dementia

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Robert F. Fuchs M.D.

Address Leonardtown Md Date signed 8/18/47

\_\_\_\_\_

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SEP 4 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

07339

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Mary's  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 8 months  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State md. County Calvert Co.  
City or town St. Leonard  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Walter C. Buckmaster

### 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ida F. Buckmaster

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1868 6.(c) If alive, give age 58 years

8. AGE: Years 78 Months 9 Days 2 It less than one day hrs. min.

9. Birthplace Calvert Co. Maryland  
(Town, county and state)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Columbus Buckmaster

13. Birthplace Calvert Co. Maryland

14. Maiden name Corribia Buckmaster

15. Birthplace Calvert Co. Maryland

16. Informant Mrs. Ida F. Buckmaster

Address Leonardtown, Md.

17. Burial Date thereof 8-11-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church Cemetery

Location Mutual, Md.

18. Funeral director J. G. Harkness & Son

Address Mutual, Maryland

19. 8/9 1947 Dr. Cavalier  
(Date rec'd by registrar) (month) (day) (year) (Signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1947 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1947 to Aug 9 1947

and that I last saw him alive on June 9 1947

Immediate cause of death Carcinoma rectum DURATION 1946?

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations Genitely Carcinoma

morning rectum, blood etc Date of op. June 1947

Autopsy results none done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE Alwyns A. Welch MD M. D. or other

Address Chaptin Md Date signed Aug 9 47

MARGIN RESERVED FOR BINDING

9-45-15M

VS 415

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## PLACE OF DEATH:

County St. Mary's  
 City or town Herrmannville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town Herrmannville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 23, 1947 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
3 hrs. min.

9. Birthplace Herrmannville Md  
 (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name John W. Dyson13. Birthplace Graysford14. Maiden name John W. Dyson15. Birthplace Maryland16. Informant John W. DysonAddress Herrmannville Md17. Buried Date thereof Aug 27, 47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. John's CemeteryLocation Herrmannville, Md18. Funeral director Tom HarrisAddress Herrmannville, Md19. Aug 26 19 47(Date rec'd by registrar) Registrar At Home

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 19 47 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 26 19 47 to Aug 26 19 47and that I last saw him alive on Aug 26 19 47

Immediate cause of death

DURATION

Premature birth (6 months)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

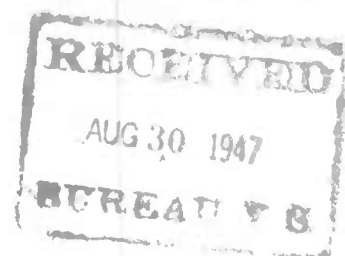
Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE At Home M. D. or otherAddress At Home Date signed 8/26/47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07341

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Marys  
City or town Leonardtown R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Marys  
City or town Leonardtown R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Fancis Erding Syer

### 3. (b) Social Security Number

✓

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
6. (b) Name of husband or wife  
7. Birth date of deceased (mo., day, yr.) June 13, 1906  
8. AGE: Years 41 Months 2 Days 2 If less than one day  
hrs. min.

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1947 at 10:15 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1947 to Aug 15 1947  
and that I last saw him alive on Aug 12 1947  
Immediate cause of death Acute Alcoholism DURATION

9. Birthplace St. Marys  
(Town, county, and state)  
10. Usual occupation Farmer  
11. Industry or business  
12. Name Edward Syer  
13. Birthplace St. Marys  
14. Maiden name Bertha Smith  
15. Birthplace St. Marys  
16. Informant Robert S. Syer  
Address Leonardtown  
17. Burial Date thereof (month) (day) (year)  
(Burial, cremation, or removal. Which?)  
Cemetery or crematory Our Lady's  
Location Meddings Irish Md  
18. Funeral director W. B. Mattingley Sons  
Address Leonardtown, Md.  
19. 8-17 1947 F. A. Cavalier M.D.  
(Date rec'd by registrar) Registrar

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statitically.  
22. VIOLENCE: If death was due to external causes, fill in the following;  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Fancis F. Greenwell M.D.  
M. D. or other  
Address Leonardtown Md Date signed 8-16-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

07342

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

### 1. PLACE OF DEATH:

County St. Mary  
City or town Rural Ridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary

City or town Rural Ridge  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Benjamin Henry Holden

### 3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Louise Holden

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1887

8. AGE: Years 60 Months 0 Days 9 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marion Station, Md.  
(Town, county, and State)

10. Usual occupation Oyster shucker

11. Industry or business \_\_\_\_\_

12. Name Revel Holden

13. Birthplace Maryland

14. Maiden name Rosa Handy

15. Birthplace Maryland

16. Informant Louise Holden

Address Ridge, Md.

17. Burial Date thereof Aug 26, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion

Location St. Inigoes, Md.

18. Funeral director E. L. Robinson

Address Dameron, Md.

19. Aug 25 1947 P. J. Bean MD  
(Date read by registrar) (month) (day) (year) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1947 at 2:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 1947 to Aug 24 1947

and that I last saw him alive on Aug 22 1947

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Valvular Heart Disease 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. J. Bean MD M. D. or other \_\_\_\_\_

Address Great Mills, Md. Date signed Aug 25/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07343

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Mary's  
 City or town Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Eliza Huseman

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife John S. Huseman  
 7. Birth date of deceased (mo., day, yr.) Dec. 10th 1869 6. (c) If alive, give age 79 years  
 8. AGE: Years 77 Months 8 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dynard St. Mary's Co. md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Henry Lacey13. Birthplace md.14. Maiden name Cecelia M. Zude15. Birthplace md.16. Informant Mrs. Walter LaceyAddress Thurmont, md.17. burial Date thereof 9-16-47  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Sacred HeartLocation Bushwood, md.18. Funeral director W. C. Mattingly SonsAddress Leonardtown, md.19. Aug. 15 19 47 Ed. Camalier M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13th 19 47 at 10:15 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 19 47 to Aug. 12 19 47and that I last saw him alive on Aug. 12 - 47 19 47

Immediate cause of death \_\_\_\_\_

Due to Gangrene Lt. foot. DURATION 8/1/47Due to Encephalitis Obliterans ?Due to Dentate Mollusca ?

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Allynus C. Welch M.D. M. D. or other \_\_\_\_\_Address Chaplin Md. Date signed 8/14/47

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 256

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Rural in Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 70 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's  
 City or town Rural in Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 700  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

George William Waddy

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced unmarried  
 6.(b) Name of husband or wife Theresa Virginia Waddy  
 7. Birth date of deceased (mo., day, yr.) 6-20-1863 6.(c) If alive, give age 79 years  
 8. AGE: Years 84 Months 2 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Waddy, Md  
 (Town, county, and state)

10. Usual occupation Housewife

## 11. Industry or business

12. Name George William Waddy

13. Birthplace Chapin, Md

14. Maiden name Waddy

15. Birthplace Ches. Co. Md

16. Informant Julia Stahl

Address Cotton Point, Md

17. Burial Date thereof 8-27-47  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Christ Church

Location Chapin, Md

18. Funeral director V. J. Spear Co

Address Washington, D.C.

19. 8-26-47 19 47 R. V. Waddy  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26- 19 47 at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-24- 19 47 to 8-26- 19 47

and that I last saw him alive on 8-24- 19 47

Immediate cause of death Cerebral

apoplexy DURATION hrs

Due to Chronic

Chronic

Due to Chronic

Due to Chronic

Other conditions Chronic

(Include pregnancy within 3 months of death)

Major findings at operations Chronic

Date of op. Chronic

Autopsy results Chronic

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Chronic Date of Chronic

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer

M. D. or other Chronic

Address Chronic Date signed 8-26-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07345

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Compton Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Compton Md  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Mary's  
 City or town Compton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Ida Pope  
 4. Sex Female 5. Color or race White 6. (a) Single, married, widow, or divorced Widowed  
 6. (b) Name of husband or wife John Clinton Pope  
 7. Birth date of deceased (mo., day, yr.) July 16 1878 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 72 Months 1 Days 26 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1947 at 10:45 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 31 1947 to Aug 11 1947  
 and that I last saw him alive on Aug 11 1947  
 Immediate cause of death Cerebral Hemorrhage DURATION 2 days

9. Birthplace Compton St. Mary's Maryland  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John C. Mills  
 13. Birthplace St. Mary's Co  
 14. Maiden name Anna C. Pope  
 15. Birthplace St. Mary's Co

16. Informant Jerry Pope  
 Address Compton Md

17. Burial Date thereof Aug 14 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Francis Xavier Cemetery

Location Compton Maryland

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Aug 13 1947 J. H. Canale  
 (Date received by registrar) Registrar

Due to arterial Sclerosis 5 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. F. Greenwell M. D. or other

Address Leonardtown Date signed 8-18-47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1600

07346

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town US NAS, Patuxent River, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Dispensary, US NAS, Patuxent River, Md.  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Ohio County Clermont  
 City or town Batavia  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD #5  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ☒

## 3. (a) FULL NAME

Judith Ann Weiss

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife  
 7. Birth date of deceased (mo., day, yr.) August 21, 1947 6.(c) If alive, give age 5 years  
 8. AGE: Years 5 Months 45 Days 5 hrs. 45 min.

9. Birthplace US NAS, Patuxent River, St. Mary's, Md.  
 (Town, county, and state)

10. Usual occupation Newborn

11. Industry or business

12. Name Frank Weiss  
 13. Birthplace Ohio  
 14. Maiden name Lucille Ingram  
 15. Birthplace Kentucky  
 16. Informant Frank Weiss, ACMM, USN  
 Address US NAS, Patuxent River, Md.

17. Burial Date thereof 8-23-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematorium Poplar Hill  
 Location Valley Lee, Md.  
 18. Funeral director P.B. Robinson Funeral Home  
 Address Leonardtown, Maryland

19. 8/22 19 47 Camalier  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 19 47 at 2 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 21 19 47 to August 22 19 47

and that I last saw him alive on August 22 19 47

Immediate cause of death Atelectasis DURATION

Due to Premature separation Placenta  
Caesarean Section

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.S. WRAY, CDR, MC USN M. D. or otherAddress N.A.S. Patuxent River, Md. Date signed 8-22-47

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SEP 4 1947

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